along with some investigations on mixed infection in various diseases, some results in phthisis that are of interest in connection with previous reports of various observers. The author examined thirty-five cases of pulmonary tuberculosis, in which remittent fever seemed to indicate a mixed infection. He cultivated blood taken with aseptic precaution from the median vein on various media. Positive results were obtained only four times. This is in striking contrast to the results of Michaelis, who found cocci eight times in ten cases. In Hirschlaff's cases staphylococci were obtained of very low virulence. This is interesting in connection with the fact that metastatic abscesses did not occur in these cases. The author thinks the cocci came not from the lung parenchyma, but from cicatricial tissue, as Spengler found in cases of streptococcus and diplococcus mixed infection.

A Symptom-complex Resembling Peritonitis in the Last Stage of Addison's Disease.—W. EBSTEIN calls attention to a condition which he has seen several times in patients with Addison's disease. In fact, the first case he saw was one in which Addison's disease was not made out during life, but the adrenals were post mortem found to be tuberculous. The patient began to complain of tenderness over the right half of the abdomen. There was a diffuse resistance to the right of the umbilicus. Along with a pseudo-membranous angina there were diarrhœa, dyspnœa, anxiety, and collapse. The patient died in ten days after the onset. There was no discoloration of the skin. In a second case the diagnosis of Addison's disease was also by no means clear. The patient died after the onset of acute symptoms lasting a week, with pain and retraction of the abdomen, pain in the knees, heels, and finger-tips, vomiting and subnormal temperature. The adrenals were cheesy; there were fresh tuberculous lesions in the abdominal lymph-glands; pigmentation of the mucosa of the intestine. In the third case there was pigmentation of the skin. Chills, pain in the extremities, and pain in the side introduced the final illness. Eleven days before death severe and frequent vomiting began, with diffuse pain in the abdomen and rigidity of the abdominal muscles. As in the other cases there was but little elevation of temperature, pulse up to 100, urine free from albumin and sugar, quantity 1800 c.cm. Post mortem were found cortical atrophy of both adrenals, swelling of all lymphatic organs, slight retraction of the apices of the lungs, narrow aorta, hyperæmia of most of the abdominal organs. There was no induration around the adrenals or in the cœliac plexus. In a fourth case no autopsy could be obtained.

All the patients were men, between twenty-seven and thirty-three years of age. In all consciousness was preserved to the end. There were no symptoms except those noted in the second case. Diarrhœa was not present in the final stage. No anatomical cause for the terminal abdominal symptoms could be discovered. The chief lesson of the observations at present is that symptoms like those described should lead to the consideration of adrenal disease, even if the characteristic pigmentation is not present.—*Deutsche med. Wochenschrift*, 1897, No. 46.

A Case of Amusia.—KNAUER (*Deutsche med. Wochenschrift*, 1897, No. 46) reports an interesting affection. The patient was an intelligent woman, thirty years of age; a cultivated musician, whose father, also highly intelligent, was the subject of nervous and mental diseases. The patient had Graves's disease and was hysterical. Suddenly, at night, she lost her sense of sound and musical-tone pictures. There was ringing in the ears, dizziness, choking paroxysms, headache, attacks of unconsciousness without aura, diminished hearing in both ears, and sleeplessness. Frequently ringing in the ears would pass over into melodies, as in the case of the composer Schumann. If one person spoke, she was sometimes able to understand; if several spoke at the same time, only a confused buzzing was heard. The resemblance of many of these symptoms to the group described by Ménière is very great. The author also alludes to the possibility of their being due to thyroid intoxication. The symptoms relating to the musical sphere are of a different kind. These consist in a music- or tone-deafness. Ability to sing was present, but impaired. Corresponding to the disturbance in the aphasic complex known as paraphasia, the condition could be called para(noto)graphia. It would, perhaps, not be erroneous to say that the tone and word-picture centre and the tone and word-motor centre are close together, the former in the first left temporal, the latter in the third left frontal convolution. These relations are made clearer by a schema and a diagram of the convolutions concerned. The short but important article has a list of references to other articles on the same subject.

Cardiac Hypertrophy in Arteriosclerosis.—HASENFELD (*Deutsche Archiv für klin. Med.*, Bd. 59, p. 193) has made an investigation of this subject in the Leipsic pathological and clinical laboratories. The details are of great interest, but, with the tables, must be consulted in the original. The conclusions are as follows:

Even physiologically, the splenic, hepatic, and superior mesenteric arteries have a small amount of connective tissue in the intima.

Arteriosclerosis of mild or moderate degree, only microscopic, is quite common in the splanchnic arteries, but marked sclerotic changes are much less common than in the aorta, the arteries of the extremities and the brain.

Sclerosis is usually most marked on the main trunks of the splanchnics, and becomes less in the branches.

Arteriosclerosis only leads to hypertrophy of the left ventricle when the splanchnics or the thoracic aorta are severely affected. Arteriosclerosis of the other vessels does not seem to have such an effect.

In the five cases of contracted kidney examined, all the chambers of the heart were hypertrophied. If at the same time there was marked sclerosis of the splanchnics, the hypertrophy was most marked in the left ventricle. Extreme sclerosis of the aorta would probably have the same effect.

Should further examinations confirm the results now given as regards the uniform hypertrophy of all parts of the heart, we must conclude that the cause of hypertrophy in contracted kidney increases the work of both sides of the heart and probably excites the heart to increased activity.

The Impossibility of Immunity against Influenza.—Clinical experience shows that influenza not only does not confer immunity against future infection, but actually seems to favor it. This is confirmed by animal experi-